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Bib Data Sheet

CONFIRMATION NO. 6777

SERIAL NUMBER 10/725,759	FILING DATE 12/02/2003  RULE	CLASS 381	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 5-0229-001
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*NO*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*NO*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/01/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 1
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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TITLE  
 Bone conducting headset apparatus

FILING FEE  RECEIVED 448	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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